

SOME CLINICAL PECULIARITIES OF DEPRESSION IN OLD AGE

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The early recognition of the depressive syndromes and their adequate treatment determine to a considerable extent the therapeutic outcome of the depression in old age. In this study a total of 100 elderly depressive patients (age 65-83) with a major depressive disorder, according to DSM-IV were included. They were hospitalized and treated during the period 1994-1998. The elderly depressive patients presented themselves with a wide variety of clinical symptoms. Some of them were incorrectly attributed to the ageing process or were associated with a physical problem. High suicidal risk, anxiety, agitation, somatization, pseudodementia, delusional syndromes outlined the clinical picture of the late-life depression. The presence of a somatic problem and lack of a family and social support were considered important risk factors.

Key words: Depression, clinical picture, risk factors, elderly

The early recognition of depressive syndromes and adequate treatment determine to a considerable extent the therapeutic outcome of the depression in old age. In the Department of Gerontological Psychiatry, the Medical University of Varna existing since the end of 1980, there is a great experience gained concerning the diagnosis and treatment of the depressive syndromes in elderly people. In the present study a total of 100 elderly depressive patients (age 65-83) with a major depressive disorder, according to DSM-IV were

included. They were treated during the period 1994-1998. As it is well known, late-life depression is heterogeneous from etiological, symptomatic and therapeutic points of view and often the reason for this is its multifactorial nature (4). Biological and psychosocial factors precipitate in the clinical picture and in a lot of cases it differs from that in younger patients. There is evidence that depression in old age is under-diagnosed and under-treated or inadequately treated in about 40 % of the cases (6,9). The most frequent reasons are the following: i) a wrong association of the depressive symptoms with the normal process of ageing; ii) a tendency to recognize and accent on somatic symptoms, while the depressive,

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especially mild ones, are neglected. The depressive pseudodementia can cause serious diagnostic difficulties. On the other hand, depression as a part of dementia can occur in the early stages and often comes to the fore.

The overall clinical picture in elderly is different to some extent from that in younger patients. More frequently, anxiety, agitation, somatization, pseudodementia and delusions (hypochondriac and such of poverty) can be observed. Depressive mood is less commonly a core complaint. Lack of pleasure, loss of enjoyment or dysphoria are more usual, but the patients do not pay much attention to them. They are inclined to attribute them to some serious life event or to a natural consequence of ageing. Speaking about life events, recently, they accent on a major financial problem, being especially discrete about situations of frustration from the family. Associated psychotic features are common in late life depression. In this study delusions of guilt, worthlessness and hopelessness were registered in 58 patients; hypochondriac delusions - in 53, nihilistic - in 9, and of poverty - in 15. The content of the less common delusions was paranoid in 5 patients, paranoial - in 3, and hallucinations - in 2 patients originating from the depressed mood.

Another typical syndrome of depression in old age was anxiety with its somatic and psychic symptoms. The anxiety occurred together with depres-

sion in 64 patients as a part of an anxious-depressive or anxious-depressive-delusional syndrome. The combination between anxiety and increased psychomotor activity composed the picture of agitated depression in 18 patients. The presence of somatic and vegetative syndrome (in 66 patients) was connected either with the anxiety, or with a coexisting physical illness. Depression itself was associated with somatic symptoms. They could dominate and hide the true nature of the disorder. The most frequent somatic symptoms were fatigue, headache, insomnia, decreased appetite, weight loss, dyspnea, gastrointestinal disturbances, pain (abdominal, thoracic, or on a particular site). It was not obligatory all the older people with a somatic problem to become depressed. Some risk factors were the following: positive psychiatric history, pain, severity of the physical illness, degree of functional disability, and lack of family support. Cerebrovascular and cardiovascular disorders, neoplasms, endocrinologic and neurological diseases, infections were the most frequent physical diseases that contributed to the development of depression in the elderly (1,5,7,10). The interaction between the somatic disorder and the depression was complex and two-directional. Symptoms of somatic disorders might be aggravated by depression. Physical illness could lead to depression. It was not the task of this study to explain these complex interactions. In addition to an in-

direct influence of physical illness on mood, some disorders caused depression by more direct mechanisms. Despite the great research work and data available there is still little progress in this direction.

The presence of cognitive disturbances (in 17 patients) caused diagnostic difficulties, since the relationship between depression and dementia was complex (2,3). Theoretically, depression can present with a picture of dementia (pseudodementia), or dementia can be secondary to depression. The same situation can be observed in dementia disorders. The differential diagnosis of depression with cognitive disturbances from early dementia is to a great extent (in 30-40 % of the cases) impossible. In such cases a precise evaluation of the cognitive deficit and the present psychopathologic picture was required. The analysis covered the medical, psychiatric and family history, the onset and the development of the different syndromes.

The results of the neuroimaging techniques were of great importance. From a clinical point of view, it was essential to note that the onset of cognitive impairment in depression was acute and advanced rapidly. The depressive symptoms preceded the cognitive deficit and the patients were aware of their memory problems.

The elderly depressive patients were more vulnerable to suicide than younger depressives (8). Suicidal ideas were registered in 29 patients. Assessment of suicide risk in the depressive elderly was a critical task. High risk factors for suicide in old age revealed in this study were the following: persistent insomnia, pain, hypochondriac delusions and such of guilt, poverty, worthlessness, and hopelessness. Attention must be paid to elderly men with alcohol abuse in the context of loneliness and social isolation. In author's opinion, it was very important to ask the elderly depressives persistently about suicidal ideas, plans, intentions, having in mind the high rate of repetition when a satisfactory therapeutic response had not been achieved.

Depression in old age is a common psychiatric disorder. Being determined by different biological and psychosocial factors, it is heterogeneous in its etiologic and symptomatic aspects and presents with a high suicidal risk. Wide range of symptoms are present in the clinical picture - anxiety, agitation, somatization, pseudodementia, and delusional syndromes. Coexisting somatic and/or organic disorders complicate the correct diagnosis.

Depression in late life remains often non-recognized and thus insufficiently treated, respectively.

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Върху клиничните особености на депресията в старческа възраст

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Резюме: Ранното разпознаване на депресивните синдроми и ранното адекватно лечение в много голяма степен определят терапевтичния изход на късната депресия. Депресивните пациенти в напреднала и късна възраст се представят с широка гама клинични симптоми, много от които погрешно се свързват с нормалния процес на стареене или се отдават на соматичен проблем. Високият суицидален риск, тенденцията към хронифициране, изразената тревожност, хипохондричност и соматогенизиране очетават клиничния облик на депресията при възрастни пациенти. Придружаващо соматично страдание и липсата на фамилна и социална подкрепа са важни рискови фактори за депресията в напреднала и късна възраст.